



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

**New Registrant
Mentorship Program
(NRMP)**

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New Registrant Mentorship Program (NRMP)

Introduction

The CDHO New Registrant Mentorship Program (NRMP) was created in 2007 to enable newly registered dental hygienists to apply for the approval to self-initiate after a period of working under an order that is shorter than is required under **Stream One**. The provision of the **Stream Three** application option allows for the fast tracking of competent dental hygienists into under-serviced areas of dental hygiene practice such as long-term care facilities, mobile practices, and remote communities.

Mentorship is recognised as a viable strategy for professional growth and leadership in health professions. Formal mentorship programs are becoming increasingly popular in institutions educating health care professionals and in workplaces inside and outside the health care field.

The CDHO recognises that mentoring relationships can be especially meaningful to new registrants. An experienced dental hygienist can give personal support to a new practitioner who is adjusting to the fast-paced, high-stress work of caring for clients. Dental hygienists who complete the NRMP gain experience in seeking and participating in collective decision making, develop a habit for a collaborative approach to client care and are better prepared to serve the public.

Benefits of the Program

New registrants:

- Increased knowledge from observing the professional actions and the shared experiences of a trusted colleague.
- Support and guidance during their integration into clinical practice.
- Access to an informed second opinion, aids critical thinking.
- Exposure to additional resources and professional networks.
- Professional socialization.

Mentors:

- Recognition for influencing the professional growth of another dental hygienist.
- Exposure to new ideas, other perspectives, and intellectual stimulation.
- Contributes to the professional portfolio as a continuing competency activity.

Public of Ontario:

- Increased access to dental hygiene services provided by dental hygienists who are approved to self-initiate.
- Dental hygienists participate in, and promote intra- and interprofessional collaboration.

Qualifications of the Mentor

For the purpose of the New Registrant Mentorship Program, a mentor is a registered dental hygienist who has been certified by the College to self-initiate, who is in good standing with the College, who possesses the professional experience to facilitate the professional development of a colleague. The dental hygienist mentor facilitates professional development by adopting a role of confidante, advisor, role model and sounding board. The mentoring relationship is deliberate, conscious and voluntary, aimed at assisting in the growth and ability of another colleague. A mentor should limit the number of mentees one is responsible for to a maximum of three in a given time period. A mentor under the NRMP may not receive financial consideration for mentoring.

Responsibilities of the Mentor

1. Identify through co-discovery the areas of practice that involve uncertainty, and/or ethical dilemmas that may not be solved simply from a technical problem-solving approach.
2. Develop a plan with the mentee that will establish learning objectives, resources, communication strategies and evaluation of outcomes.
3. Facilitate learning opportunities and advise the mentee of appropriate resources.
4. Give insight, advice, encouragement and support as needed.
5. Promote and facilitate professional relationships aimed at collaborative client-centered care.

6. Assess the mentee's progress and submit written reports to the CDHO as required.

The mentor is **not** responsible for the clients under the care of the mentee. The mentee has the ultimate responsibility for all dental hygiene care provided.

Mentee

For the purpose of the New Registrant Mentorship Program, a mentee is a registered dental hygienist requiring guidance and support in developing their competence to self-initiate the authorized act of "scaling teeth and root planing, including curetting surrounding tissue."

Responsibilities of the Mentee

1. Share through discussion his/her needs and expectations of the mentorship.
2. Develop a plan with the mentor that will establish learning objectives, resources, communication strategies and evaluation of learning outcomes.
3. Be open and receptive to the advice and suggestions offered by the mentor and respond accordingly.
4. Respect the time and opportunities provided by your mentor and acknowledge the contributions your mentor makes to your professional practice.
5. Be aware that as a registered dental hygienist, you are responsible for all dental hygiene services you provide to your clients and, in accordance with professional standards and College expectations, must practise with an order from a member of the RCDSO until you have received approval to self-initiate from the CDHO.

Choosing a Mentor

Your search for a mentor may begin while you are a student if you seek out opportunities to meet and introduce yourself to dental hygienists within your community. Look for opportunities to join the professional associations, attend local society meetings, and volunteer for events that dental hygienists in your community are organizing or participating in. Ask your dental hygiene instructors if they have any suggestions or contacts for potential mentors.

The mentor you select for the purposes of the NRMP must currently be in clinical practice. If you are considering a non-traditional practice setting in your immediate future, it would be advisable to seek out a mentor who currently practises in that type of setting. For example, if you would like to practise in a long-term care facility, it would make good sense to mentor with someone who has hands-on experience in that type of practice setting.

Qualities of a Good Mentor

- ☺ Is involved in continuous learning and pursues professional growth through a variety of sources.
- ☺ Voluntarily accepts your invitation to mentor, is enthusiastic about mentoring.
- ☺ Is **not** your supervisor or your employer.
- ☺ Is respectful, empathetic and non-judgemental.
- ☺ Is a positive role model and knowledgeable about clinical dental hygiene practice.
- ☺ Is transparent about his/her own search for better answers and more effective solutions to his/her own professional practice.
- ☺ Is open to new ideas and learning from colleagues, including new practitioners.
- ☺ Listens to the whole story before commenting.
- ☺ Is comfortable having his/her views challenged.
- ☺ Sees the new practitioner as an equal.
- ☺ Gives advice but expects the mentee to make their own decisions.
- ☺ Has a genuine desire to empower.

Duration of the Mentorship

To be considered eligible under **Stream Three**, a new registrant must be mentored for a minimum period of six (6) months in which the new registrant has provided a minimum of 500 hours of direct client care and the mentor establishes that the new registrant has the skills, knowledge and attitudes required to self-initiate the authorized act of “scaling teeth and root planing, including curetting surrounding tissue.” The mentor is required to submit to the College a copy of the mentorship contract and the Mentor's Declaration and Statement of Confidence in the registrant's ability to self-initiate.

Methods of Guidance

The mentor and mentee will establish through co-discovery what methods of guidance will be most appropriate for the efficiency and effectiveness of the mentorship. The following is a list of recommended opportunities for learning, aimed at professional growth and practice enhancement. The mentorship is not limited to the suggestions on this list.

- Observation of mentee with clients (suggested 8 hours minimum).
- Administrative management discussions.
- Clinical management discussions.
- Observation of mentor with clients (suggested 8 hours minimum).
- Reviewing mentee's client records (**mandatory**) (suggested minimum: 20 client records).
- Reviewing mentee's professional portfolio.
- Telephone/e-mail conferences (as per mentorship contract).
- Review and discussion of mentee's daily practice journal.

Note: The minimum mentor/mentee contact time is 48 hours of direct and indirect mentoring over the six-month period, averaging 8 contact hours per month. More time may be required and participants are encouraged to use the 48 hours as a minimal requirement with the attitude that additional time invested will enhance the mentorship experience.

Documentation

Both the mentor and mentee should document their activities so that a record of the activities performed, issues covered and time spent in the mentorship are available for scrutiny if required.

Evaluation by the Mentor

The mentor should evaluate the performance of the mentee to enable the mentor to issue the Mentor's Declaration and Statement of Confidence. No particular method of evaluation is required (e.g., written questions, structured verbal discussion, assessment of client interactions). Assessment can occur throughout the mentorship or it can be a stand-alone activity towards the end of the mentorship. However, the evaluation should be structured and based on specific questioning and not just on general impressions.

The evaluation would cover the following areas:

- Application of the dental hygiene process of care to the authorized act.
- Familiarity with the indications for performing the controlled act.
- Relevant client management skills.
- Appreciation of the contraindications for performing the controlled act, the ability to assess and recognize them, applying critical thinking for managing a client with a contraindication and the ability to implement an appropriate strategy.
- Knowledge of when and how to refer a client with a condition beyond his or her competence to an appropriate regulated health practitioner.
- Judgment in managing ethical situations related to the controlled act.
- Understanding related legislation, standards of practice, guidelines and Code of Ethics.

Mentor's Declaration and Statement of Confidence

At the end of the mentorship period and once the mentor has established sufficient evidence of the mentee's ability to self-initiate, the mentor will complete the Mentor's Declaration and Statement of Confidence and send it directly to the CDHO with a copy of the mentorship contract.

Applying for Certification to Self-initiate

Upon successful completion of the requirements to apply for self-initiation under **Stream Three**, the mentee will submit to the College the appropriate application form, the application fee and the required documentation.

New Registrant Mentorship Program Guidelines

Introduction

Mentoring relationships and formal mentoring programs are used in many industries, including health care, to provide a supportive learning environment for professional growth and development. The dental hygienist mentor facilitates professional development by adopting a role of confidante, advisor, role model and sounding board. The mentoring relationship is deliberate, conscious and voluntary, aimed at assisting in the growth and ability of another colleague. The Quality Assurance Committee recognises that a mentorship arrangement is mutually beneficial to the mentor and the mentee. For that reason, the mentor and the mentee can use the mentorship contract as evidence of a learning activity in their professional portfolios.

Mentor

For the purpose of the New Registrant Mentorship Program, a mentor is a registered dental hygienist who has been certified to self-initiate, who is in good standing with the College, who possesses the professional experience to facilitate the professional development of a colleague.

Mentee

For the purpose of the New Registrant Mentorship Program, a mentee is a registered dental hygienist requiring guidance and support in developing their competence to self-initiate the authorized act of "scaling teeth and root planing, including curetting surrounding tissue."

Role of Mentor

1. Identify through co-discovery the needs of the mentee.
2. Develop a plan with the mentee that will establish learning objectives, resources, communication strategies and evaluation of learning outcomes.
3. Facilitate learning opportunities and advise the mentee of appropriate resources.
4. Give insight, advice, encouragement and support as needed.
5. Assess the mentee's progress and submit written reports to the CDHO as required.
6. Promote and facilitate professional relationships aimed at collaborative client-centered care.

The mentor is **not** responsible for the clients under the care of the mentee. The mentee has the ultimate responsibility for all dental hygiene care provided.

Role of Mentee

1. Share through discussion your needs and expectations of the mentorship.
2. Develop a plan with the mentor that will establish learning objectives, resources, communication strategies and evaluation of learning outcomes.
3. Be open and receptive to the advice and suggestions offered by the mentor and respond accordingly.
4. Respect the time and opportunities provided by your mentor and acknowledge the contributions your mentor makes to your professional practice.

Be aware that as a registered dental hygienist, you are responsible for all dental hygiene services you provide to your clients and, in accordance with professional standards and College expectations, must practise with an order from a member of the RCDSO until you have received approval to self-initiate from the CDHO.

New Registrant Mentorship Program Contract

Mentee Information

First Name		Last Name													
Telephone (Res.)	Telephone (Bus.)	CDHO Registration Number													
Primary Employment Setting: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Long-Term Care</td> <td><input type="checkbox"/> Periodontal Practice</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Supportive Living</td> <td><input type="checkbox"/> Other (Please specify)</td> </tr> <tr> <td><input type="checkbox"/> Home Care</td> <td><input type="checkbox"/> General Dental Office</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Public Health</td> <td><input type="checkbox"/> Private Dental Hygiene Practice</td> <td>_____</td> </tr> </table>				<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Periodontal Practice	<input type="checkbox"/> Education	<input type="checkbox"/> Supportive Living	<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Home Care	<input type="checkbox"/> General Dental Office		<input type="checkbox"/> Public Health	<input type="checkbox"/> Private Dental Hygiene Practice	_____
<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Periodontal Practice													
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<input type="checkbox"/> Public Health	<input type="checkbox"/> Private Dental Hygiene Practice	_____													
Client Age Range: (Please check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 0-5 years</td> <td><input type="checkbox"/> 6-11 years</td> <td><input type="checkbox"/> 12-17 years</td> </tr> <tr> <td><input type="checkbox"/> 18-64 years</td> <td><input type="checkbox"/> 65 plus years</td> <td></td> </tr> </table>		<input type="checkbox"/> 0-5 years	<input type="checkbox"/> 6-11 years	<input type="checkbox"/> 12-17 years	<input type="checkbox"/> 18-64 years	<input type="checkbox"/> 65 plus years		Practice Hours Per Week: I work _____ hours a week. I work _____ hours at my primary practice.							
<input type="checkbox"/> 0-5 years	<input type="checkbox"/> 6-11 years	<input type="checkbox"/> 12-17 years													
<input type="checkbox"/> 18-64 years	<input type="checkbox"/> 65 plus years														

Mentor Information

First Name		Last Name	
Telephone (Res.)	Telephone (Bus.)	CDHO Registration Number	

Mentorship Period

Contract Start Date:	Contract End Date:	Duration of Contract:
____/____/____/____	____/____/____/____	<input type="checkbox"/> 6 months <input type="checkbox"/> Other (Please specify)
DD MM YYYY	DD MM YYYY	_____

Time Allocation

Number of mentored hours per week or per month: (Please indicate if guidance is provided weekly or monthly.)
 The mentee will be mentored _____ hours per week / per month. (Min: 2 hrs/wk, 8 hrs/mth)

Number of direct observation hours per contract:
 The mentee will be observed in clinical practice _____ hours.
 The mentee will observe the mentor in clinical practice _____ hours.

Method of Mentorship Guidance

Check all that apply:

<input type="checkbox"/> Observation of mentee with clients	<input type="checkbox"/> Administrative management discussions
<input type="checkbox"/> Clinical management discussions	<input type="checkbox"/> Observation of mentor with clients
<input type="checkbox"/> Reviewing mentee's client records (mandatory)	<input type="checkbox"/> Telephone conferences
<input type="checkbox"/> Other (Please specify) _____	

New Registrant Mentorship Program Contract *(cont'd)*

Method of Feedback

Check all that apply:

- Face-to-face meetings Telephone conferences Other *(Please specify)*
 Written communication E-mail _____

Mentee's Declaration

1. I understand that I will be assessed with respect to my compliance with the CDHO Standards of Practice and will undertake to acquire the skills, knowledge and behaviour to demonstrate my competence to self-initiate the authorized act of "scaling teeth and root planing, including curetting surrounding tissue."
2. I acknowledge my role as a mentee in the CDHO New Registrant Mentorship Program.
3. I agree to collect evidence of compliance for my mentor's review.

Signature of the mentee

Date

Mentor's Declaration

1. I am a registered dental hygienist approved to self-initiate by the CDHO.
2. I agree to assess the mentee's practice to determine if s/he has the required skills, knowledge and behaviour to meet the CDHO Standards of Practice.
3. I agree to mentor the above named mentee in accordance with the CDHO New Registrant Mentorship Program Guidelines.
4. I agree to notify the mentee immediately if I am no longer able or willing to continue to fulfill my responsibilities as a mentor.
5. I agree to review the mentee's progress and submit a Final Assessment Report at the end of the mentorship term.
6. I agree, subject to the above, to respect the mentee's right to privacy and confidentiality at all times.

Signature of the Mentor

Date

Mentee and Mentor Agreement

We agree to the following process:

1. To review the CDHO Regulations and Standards of Practice, and identify areas requiring specific attention.
2. To develop an action plan to ensure that the mentee gets advice and guidance in the areas of need to acquire the necessary skills, knowledge and behaviours for compliance.

Signature of the mentor

Date

Signature of the mentee

Date

Mentor's Declaration and Statement of Confidence

Mentee's Full Name

has completed his/her mentorship period with me as per the terms of the CDHO New Registrant Mentorship Program. I am confident that this registrant has the knowledge, skills and attitudes required to self-initiate the authorized act of "scaling teeth and root planing, including curetting surrounding tissue."

Mentor's Signature

Registration Number

Date